## **Board of Chiropractic Examiners**

2525 Natomas Park Drive, Suite 260 Sacramento, California 95833-2931 Telephone (916) 263-5355 FAX (916) 263-5369 CA Relay Service TT/TDD (800) 735-2929 Consumer Complaint Hotline (866) 543-1311 www.chiro.ca.gov



## HOW TO RENEW A LICENSE WITHOUT A RENEWAL NOTICE

The Board of Chiropractic Examiners (Board) mails renewal notices to licensees 60 days prior to expiration dates. If you do not receive a renewal notice, the following steps must be taken to renew your license.

- Submit a check/money order in the amount of \$150.00, payable to the Board of Chiropractic Examiners.
- Submit a photocopy of your continuing education (CE) certificate provided from a Board-approved CE sponsor verifying your
  CE. This CE verification is your responsibility, and a hold will be placed on your license until the Board receives this information.
- Include a written statement under penalty of perjury that you have not been arrested or convicted of a crime within the last 5 years. If you have been arrested or convicted, please include a detailed explanation with your renewal request. A hold will be placed on your license until the Board receives this information.
- A copy of your current Cardiopulmonary Resuscitation/Basic Life Support certificate. For more information please refer to the CPR Requirement or CPR Regulation Requirement Q & A fact sheets.

## NAME CHANGE:

If you have changed your name, you must include legal documentation substantiating the change; i.e., copy of marriage license, court documents, etc. Board records will not reflect a name change until the Board reviews all legal documents. Please be specific on how you wish your name to be printed on your license. You must return your original parchment license, wall certificate and pocket license to the Board before new licenses can be issued reflecting your new name. If you submit a name change at the time of renewal, there is no charge. If you submit a name change at any other time, there is a \$25 fee, and a requirement that you return your parchment license, wall certificate and pocket license with the request (check or money order please).

## ADDRESS CHANGE:

Address changes must be in writing, bearing an original signature, and must include your name, license number, old address and new address, and effective date of change. **Your address of record must be your practice address**. Separate mailing addresses and/or Post Office Boxes will not be accepted unless you are not practicing or the post office does not deliver mail to your practice address, verification of which must be reflected in writing from your local post office. If you are submitting an address change at the time of renewal, there is no charge. If you submit an address change at any other time, there is a \$25 fee, and a requirement that you return your wall certificate and pocket license with the request (check or money order please).